



## City of Chelsea

### Outdoor Dining Grant Program

### Application for Assistance

The grant will provide up to \$5,000 to businesses operating in the City of Chelsea in the realm of hospitality and or food services, including restaurants, bakeries, cafes, and eateries. Applicants should complete the application form in hard copy and return to Chelsea City Hall, Housing & Community Development, Room 101, Chelsea, MA 02150 or an electronic copy via Google form (<https://forms.gle/jraHc7geNvDr3dTs6>). All applications are due by **Friday, July 29, 2022 at 12PM**. Any questions relating to this solicitation can be directed to Lourdes Alvarez, Communication and Community Outreach Manager, [lavarez@chelseama.gov](mailto:lavarez@chelseama.gov).

*Funding for this program has been provided by Chelsea City Council*

#### Business Information

1. Name of Business: \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Type of Business: \_\_\_\_\_
4. Name(s) of Owner(s): \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Is the business on the ground floor with an entrance on a public street?  
☐ Yes  
☐ No
8. Is the business a franchise?  
☐ Yes  
☐ No
9. Has your business applied for a permit for outdoor dining?  
☐ Yes  
☐ No
  - a. If yes, has it been approved yet? ☐ Yes ☐ No
  - b. Outdoor Dining Design ☐ Parklet ☐ Side-Walk ☐ Private Property



10. How many employees do you currently have?

Full-time: \_\_\_\_\_

Part-time: \_\_\_\_\_

11. Is this a Minority Owned (>50%) Business?

☐ Yes

☐ No

12. Is this a Woman Owned (>50%) Business?

☐ Yes

☐ No

13. Is this a Veteran Owned (>50%) Business?

☐ Yes

☐ No

14. Amount of funding requested: \$ \_\_\_\_\_

(Maximum \$5,000. Funds may not be available to fully satisfy all requests.)

15. Are you interested in attaining other forms of financial assistance for your business?

☐ Yes

☐ No

16. Please describe how you would use the funds requested for outdoor dining purposes?

☐ None

☐ Enhance existing outdoor space

☐ Expand capacity of outdoor dining

☐ Establish outdoor dining

17. Describe the impact this grant will have on public space.

☐ None

☐ Public space isolated from private streetscape

☐ Creatively enhance private space for outdoor dining that's connected to public streetscape

☐ Creatively enhance public space to offer outdoor dining



18. Describe your business type

- ☐ None
- ☐ National chain or formula restaurant
- ☐ Independently owned-franchise
- ☐ Independently owned non-chain

19. Was your business shutdown because of COVID 19?

- ☐ None
- ☐ No or My business opened after April 2019
- ☐ My business closed as a result of COVID 19 for less than 3 months
- ☐ My business closed as a result of COVID 19 for 3 months or more

20. Provide a budget identifying how you plan on using the funds and any projected benefits the funding will induce.



## Disclosures

21. Is any owner or family member of an owner related to or a City Councilor?

- ☐ Yes  
☐ No

22. Is any owner or family member of an owner related to or an employee of the Chelsea Department of Housing and Community Development?

- ☐ Yes  
☐ No

23. Is any owner or family member of an owner related to a City employee?

- ☐ Yes  
☐ No

## Demographics

*This information is not required, but it is requested for statistical purposes. It will not affect your ability to receive financing.*

### Gender:

- ☐ Female  
☐ Male  
☐ Non-binary

**Age:** Are you 60 years of age or older?

- ☐ Yes  
☐ No

Are you a **female and the head of your household**?

- ☐ Yes  
☐ No

### Veteran Status:

- ☐ Veteran  
☐ Non-Veteran

### Disability:

- ☐ Yes  
☐ No

### Race/Ethnicity: (check all that apply)

- |  |   |                                |                                |  |
|--|---|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> American Indian  | <input type="checkbox"/> Asian | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic/Latinx |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Other |  |



## Conditions of Program

- I/we authorize the City of Chelsea and its Representatives to verify all information provided herein, and authorize them to investigate this information.
- I/we understand that personal, business, and financial information on file with the City of Chelsea and its Representatives is kept confidential to the extent allowed by law.
- I/we understand that the City of Chelsea and its agents may use and share data collected through this program in aggregate forms to better understand the local economic environment, while protecting personally identifiable information.
- I/we agree to engage and respond to correspondences and communication from City of Chelsea and Program Staff in a timely fashion.
- I/we understand that funds under this program are grants that will be not need to be repaid if all grant terms and conditions are met.

24. I/we agree to these conditions: ☐ Yes ☐ No

## Signature

All owners must sign the application.

I certify that all of the information provided is true, complete, and accurate to the best of my understanding and knowledge. I understand that providing false information will disqualify my application.

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_